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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/591,162</td> </tr> <tr> <td>Filing Date</td> <td>March 1, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Mark Kindermann</td> </tr> <tr> <td>Title</td> <td>Specific Substrates for 06-Alkylguanine-DNA Alkyltransferase</td> </tr> <tr> <td>Art Unit</td> <td>1624</td> </tr> <tr> <td>Examiner Name</td> <td>M. L. Berch</td> </tr> <tr> <td>Attorney Docket No.</td> <td>CV-E-006-PUS</td> </tr> </table>	Application Number	10/591,162	Filing Date	March 1, 2005	First Named Inventor	Mark Kindermann	Title	Specific Substrates for 06-Alkylguanine-DNA Alkyltransferase	Art Unit	1624	Examiner Name	M. L. Berch	Attorney Docket No.	CV-E-006-PUS
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<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p>															
<p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="border: 1px solid black; width: 200px; height: 30px; margin-left: 400px; text-align: center; line-height: 30px;">28986</div> <p>OR</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 33%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR</p> <p><input type="checkbox"/> The address associated with Customer Number: </p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name</p>															
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<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</p>															
<p>SIGNATURE of Applicant or Assignee of Record</p>															
<p>Signature </p> <p>Name <u>Gabriel Clerc</u></p> <p>Title and Company <u>Head of SRI - EPFL</u></p>	<p>Date <u>November 10, 2010</u></p> <p>Telephone <u>+41/21-693 3582</u></p>														
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>															
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